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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Serial No	
Filing Date	4/5/2000
Confirmation No.	
Inventorship	Gopal Parupudi
Applicant	Microsoft Corporation
Group Art Unit	
Examiner	
Attorney's Docket No	MS1-505US
Title: Context Aware Systems and Methods Uti	lizing Hierarchical Tree Structures

INFORMATION DISCLOSURE STATEMENT

References -- See Attached Form PTO-1449

To: Commissioner for Patents

PO Box 1450

Alexandria, VA 22313-1450

From: Lance R. Sadler (Tel. 509-324-9256; Fax 509-323-8979)

Lee & Hayes, PLLC

421 W. Riverside Avenue, Suite 500

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The attached form PTO-1449 is submitted in compliance with Applicant's duty of disclosure under 37 CFR §1.56. The Examiner is requested to make these citations of official record in this application.

The Commissioner is hereby authorized to charge payment of fees or credit overpayments to Deposit Account No. 12-0769 as set forth in 37 CFR §1.17(p).

Lance R. Sadler Reg. No. 38605

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PTO/SB/21 (08-03)

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MATE TRADE	Application Number	09/544,253		
	Filing Date	4/5/2000		
TRANSMITTAL FORM	First Named Inventor	Gopal Parupudi		
	Group Art Unit	2172		
(to be used for all correspondence after initial filing)	Examiner Name	ANH LY		
Total Number of Pages in This Submission	Attorney Docket Number	MS1-505US		
ENCLOSUR	ES (check all that apply)			
Amendment / Reply After Final Petitio Provis Affidavits/declaration(s) Power Chang Addres Express Abandonment Request Information Disclosure Statement Certified Copy of Priority	ing-related Papers n n to Convert to a ional Application of Attorney, Revocation le of Correspondence	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below): PTO-1449 Form; References Cited (4); Return Post Card		
	ICANT, ATTORNEY, OR	AGENT		
Firm or Lance R Sadler/Reg. No. 38605 Individual Name Signature Date				
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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.				
Typed or printed name Anna G. Hook	$\overline{}$			
Signature July 1.		Date /-18-05		

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Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE 1995 Effective on 12/08/2004. Complete if Known pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 09/544,253 TRANSMIT Filing Date 4/5/2000 For FY 2005 Gopal Parupudi First Named Inventor ANH LY **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2172 TOTAL AMOUNT OF PAYMENT (\$) 180.00 MS1 -505US Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Other (please identify): Money Order None | 12-0769 Lee & Hayes, PLLC Deposit Account Deposit Account Number:_ Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity** Small Entity **Small Entity Application Type** Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) 300 Utility 150 500 200 250 100 Design 200 100 100 130 50 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 600 250 300 Provisional 200 100 0 2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims 180 **Total Claims Extra Claims** Fee Paid (\$) Multiple Dependent Claims Fee (\$) - 20 or HP = 50 Fee (\$) Fee Paid (\$) X HP = highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) - 3 or HP = 200 HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets Extra Sheets** Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other: Information Disclosure Statement 180.00

SUBMITTED BY		/ /. /				
Signature	1	4/N	Registration No. (Attorney/Agent)	38605	Telephone	(9 09) 324-9256
Name (Print/Type)	Lance R. Sa	adler			Date 1	18/16

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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STATEMENT	RY	APPI	ICANT

itute for form 1449A/PTO

 Complete if Known

 Application Number
 09/544,253

 Filing Date
 4/5/2000

 First Named Inventor
 Gopal Parupudi

 Art Unit
 2172

 Examiner Name
 ANH LY

(use as many sheets as necessary) Examiner Name ANH LY

Sheet 1 of 1 Attorney Docket Number MS1-505US

			U.S. PATENT I	DOCUMENTS	
Examiner Initials'	Cite No. ¹	Document Number Number-Kind Code ² (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		US- 5.644.740	07-01-1997	Kiuchi	
		US- 6.127.947	10-03-2000	Uchida et al.	
		US- 6.823.354	11-23-2004	Kynast et al.	
		US- 6.374.177	04-16-2002	Lee et al.	
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FOREIGN PATENT DOCUMENTS						
Examiner Initials'	Cite No.1	Foreign Patent Document Publication Date Country Code ³ –Number ⁴ –Kind Code ⁶ (if known) MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	Т	
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Signature	Considered
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